

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 120083-146181						
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p>Signature _____</p> <p>Typed or printed name _____</p>	<p>In re Application of Zatloukal et al.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Application Number 10/560,262</td> <td style="width: 50%;">Filed December 9, 2005</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">For EMULATED RADIO FREQUENCY IDENTIFICATION</td> </tr> <tr> <td style="width: 50%;">Art Unit 2887</td> <td style="width: 50%;">Examiner Daniel L. Walsh</td> </tr> </table>		Application Number 10/560,262	Filed December 9, 2005	For EMULATED RADIO FREQUENCY IDENTIFICATION		Art Unit 2887	Examiner Daniel L. Walsh
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	For EMULATED RADIO FREQUENCY IDENTIFICATION							
	Art Unit 2887	Examiner Daniel L. Walsh						
The last decision of the examiner is hereby <b>appealed</b> to the Board of Patent Appeals and Interferences.								
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>540</u>						
<p><input checked="" type="checkbox"/> Small entity status is claimed. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$ 270</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0393</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22 or equivalent) is enclosed.</p>								
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
<p>I am the</p> <p><input type="checkbox"/> applicant/inventor. <span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">/Ryan C. Fox/</span></p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. <span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">Signature</span></p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>65_369</u> <span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">Ryan C. Fox</span></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. <span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">Typed or Printed Name</span></p> <p>Registration number if acting under 37 CFR 1.34 _____.</p> <p style="margin-left: 150px;"><span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">206-622-1711</span></p> <p style="margin-left: 150px;"><span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">Telephone Number</span></p> <p style="margin-left: 150px;"><span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">May 16, 2011</span></p> <p style="margin-left: 150px;"><span style="float: right; border-bottom: 1px solid black; padding-bottom: 2px; margin-right: 10px;">Date</span></p>								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
<p><input checked="" type="checkbox"/> *Total of <u>1</u> form(s) are submitted.</p>								